

CLAIMS ONLY						Application Number <i>10518517</i>	Filing Date	
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT			
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
1								
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Total Indep								
Total Depend								
Total Claims								

\* May be used for additional claims or amendments

Indep	Depend	Indep	Depend	Indep	Depend
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Total Claims					